

Republic of the Philippines
CIVIL SERVICE COMMISSION
PHILIPPINE GENERAL HOSPITAL
 University of the Philippines Manila

MEDICAL CERTIFICATE

I hereby waive all rights and privileges pertaining to professional confidence between physician and patient, and the physician accomplishing this form is authorized to answer in detail all questions contained herein.

 (Patient's Signature Over Printed Name)

(N.B. Attending physician should fill in the blanks below. Every detail should be answered to avoid delay in action on applications for leave submitted by patient.)

 of the bureau of _____

(Name of Patient)

Having made application for leave of absence on account of illness, I do hereby certify that I was the applicant's actual attending physician from _____ 19____ to _____ 19____, inclusive and from my professional knowledge of the case the following statements are submitted, as contemplated by the provisions of Section 8 of Civil Service Rule XVI.

Name of disease or disability: _____

Nature of disease or disability: _____

(Under this heading, in addition to giving fully the etiology of the disease or disability, the physician must either state in the language of the Executive Order, "There are no indications whatsoever that the disease named was due to immoral or vicious habits" or give the indications.)

HISTORY: _____

DESCRIPTION: _____

A laboratory test or examination was _____ made in this case.

The applicant was confined to _____ from _____, 19____ to _____, 19____, inclusive.
 (his / her) (house / hospital)

I HEREBY CERTIFY that the above statements are complete and true in every detail, and that in consequence of the disease or the disability above specified the applicant was ill and unable to be on duty on account of illness from _____ to _____, 19____, inclusive and that his / her claim is meritorious.

Documentary
 Stamp

 (Physician's Signature Over Printed Name)

 (P.O. Address)